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Bib Data Sheet

CONFIRMATION NO. 2927

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/527,256 | <b>FILING OR 371(c)<br/>DATE</b><br>03/09/2005<br><b>RULE</b> | <b>CLASS</b><br>296 | <b>GROUP ART UNIT</b><br>3612 | <b>ATTORNEY<br/>DOCKET NO.</b><br>19365-100889 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/29561 09/22/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED STATES OF AMERICA 60412635 09/20/2002

**\*\* SMALL ENTITY \*\***

|   |                                   |                                |                               |                                    |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>MI | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>14 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

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**TITLE**

Stow in floor seat assembly with automatic lateral displacement

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>550 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|                                       |   | <input type="checkbox"/> Other _____                              |
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